



Department of State

Division of Charitable Solicitations & Gaming
 William R. Snodgrass Tennessee Tower
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 Nashville, TN 37243
 (615) 741-2555 FAX (615) 253-5173

**WARNING: False or misleading statements
 Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514**

SUMMARY OF FINANCIAL ACTIVITIES OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: A charitable organization must use this form to report financial activities for its most recently completed fiscal year. Amounts entered below must correspond with entries on the organization's Internal Revenue Service Form 990. This completed financial statement must be signed by two (2) separate authorized officers in the presence of a Notary Public and filed with the Secretary of State along with the application for registration or exemption request form. A copy of the filed IRS Form 990, and any other forms required to be filed with the IRS, must accompany this form unless the organization is not required to file such form. Organizations with gross revenue in excess of five hundred thousand dollars (\$500,000) must also submit an audit prepared by an independent public accountant or certified public accountant.

Name of Organization: _____

Address: _____ **City:** _____ **State:** _____ **Zip Code** _____

Federal ID: _____ **State ID:** _____ **Telephone:** _____

Accounting Year End: _____ **Has your accounting year changed?** Yes _____ No _____

A. Gross Revenue

1. Public Contributions\$ _____
2. Government grants\$ _____
3. Program service revenue\$ _____
4. Special events and activities\$ _____
5. Gross sales of inventory\$ _____
6. Other Revenue\$ _____
7. **Total Revenue** [add line 1 through line 6]\$ _____

B. Expenses

8. Total Program Expenses\$ _____
9. Direct Expenses from Special Events\$ _____
10. Cost of goods sold\$ _____
11. Management and general expenses\$ _____
12. Fund raising expenses\$ _____
13. Payments / services to affiliates\$ _____
14. **Total Expenses** [add line 8 through line 13]\$ _____
15. **Excess / Deficit for the year** [line 7 minus line 14]\$ _____

C. Changes in Net Assets or Fund balances

16. Net assets / fund balances at beginning of year\$ _____
17. Other changes in net assets or fund balances\$ _____
18. **Net assets / fund balances** [add line 15 through line 17]\$ _____
19. Total assets\$ _____
20. Total liabilities\$ _____
21. **Net assets / fund balances** [line 19 minus line 20]\$ _____

D. Accounting Method Used:

CASH: _____ **ACCRUAL:** _____ **OTHER:** _____

SIGNATURE

I / We certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my/our knowledge.

Signature of Authorized Officer

Signature of Chief Fiscal Officer

Print Name

Print Name

Title

Title

Date

Date

Notary Seal

Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME AT:

SWORN TO AND SUBSCRIBED BEFORE ME AT:

City, State

City, State

This _____ Day of _____, 20 _____

This _____ Day of _____, 20 _____

Signature of Notary Public

Signature of Notary Public

My commission Expires: _____

My commission Expires: _____